

Employment Agent's Registration

NOTICE: Authorization for this form is provided under Chapter 105 Wisconsin Statutes and Section DWD 277.02 of Wisconsin Administrative Code. Use of this form is mandatory. This information is used for the purpose of processing your application and maintaining the division's records. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1) (m), Wisconsin Statutes]

Proposed Agency Name			
Street Address			
City	State	Zip Code	Telephone Number ()
Type of Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Individual Proprietorship			

List the names and home addresses of all stockholders, partners or owners.

Name			
Street Address			
City	State	Zip Code	Telephone Number ()

Name			
Street Address			
City	State	Zip Code	Telephone Number ()

Name			
Street Address			
City	State	Zip Code	Telephone Number ()

NEW Does your agency engage in making home care placements? ☐ YES ☐ NO

A "home care placement" is the placement of any person in a private home to provide medical or companionship care for a consumer. It includes situations where the consumer is employing the individual, the worker is self-employed or the worker is employed by a third party.

**Enclose a \$5.00 check for the registration fee made payable to the
Equal Rights Division.**

Return the completed form & check to:

EQUAL RIGHTS DIVISION
PO BOX 8928
MADISON WI 53708-8928
(608) 266-0030 for assistance

Please staple check HERE to the bottom of the form.